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Bib Data Sheet

CONFIRMATION NO. 5469

SERIAL NUMBER 10/628,212	FILING DATE 07/28/2003  RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. NOCODE2.005C2
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *Yes km* \*\*\*\*\*  
 This appln claims benefit of 60/399,317 07/26/2002  
 and claims benefit of 60/460,154 04/03/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *No km* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 10/24/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Humbert</i> Examiner's Signature Initials	STATE OR COUNTRY WA	SHEETS DRAWING 28	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
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TITLE  
 ELECTRONICALLY ENABLED EYEWEAR

FILING FEE  RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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